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KENYON & KENYON ONE BROADWAY NEW YORK 10004 1/2005 HDESTA2 00000985 110600 09990074 E1:501 1400,00 DB E1:502 1400,00 DB E1:504 300,00 DB E1:504 300,00 DB E1:504 300,00 DB E1:505 August 08, 2005 EAPPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE PRINTING INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE PRINTING INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE PRINTING INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. FILING DATE DUE APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE COLE, LAURA C. 1744 015-119100 EXAMINER ART UNIT CLASS-SUBCLASS COLE, LAURA C. 1744 015-119100 Change of correspondence address or indication of "Fee Address" (37 CRF 2. For printing on the pastent front page, list (1) the rames of up to a registered patient page or agents on the pastent front page, list (1) the rames of up to a registered patient page or agents of the rames of up to a registered patient page or agents of the rames of up to a registered patient page or agents of the rames of up to a registered patient page or agents of the patient page of the printed on the patient, in the printed on the patient, in class only appropriate when assignment has been previous submitted to the USITPO or is being submitted under separate cover. Completion of this form is NOT a substitute fir filing as assignment. NAME OF ASSIGNEE NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Hoehnerweg 2-4, D-69469 Weinheim, Federal Republic of Germany Please check the appropriate assignee category or categories (will not be printed on the patient). Individual @Cooporation or other private group entity prevention of the form) is NOT a substitute free filing as assignment. ALL The following feet(s) are enclosed: In the Director of the USPTO or states indicated above) Please check the appropriate assignee category or categories (will not be printed on the patie					1 1 2005	certificate of ma	iling or transmission.			
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August 08, 2005 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 09/990,074 11/21/2001 Gemot M. Hirse 22750/503 1487 TITLE OF INVENTION: WET FLOOR WIPING DEVICE APPLN: TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(8) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 09/07/2005 EXAMINER ART UNIT CLASS-SUBCLASS COLE, LAURAC. 1744 015-119100 1. Change of correspondence address or indication of "Fee Address" (37 CRF 1.355). Change of correspondence address or indication of "Fee Address" (37 CRF 2.355). Change of correspondence address or indication of "Fee Address" (37 CRF 2.355). Change of correspondence address or indication of "Fee Address" indicating form PTO/SB/47; Rev 03-92 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent in fining as assignment. NAME OF ASSIGNEE (B)REVEDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLASE NOTE: Unless an assignee category or categories (will not be printed on the patent). NAME OF ASSIGNEE (B)REVEDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLASE OF ASSIGNEE (B)REVEDENCE (CITY and STATE OR COUNTRY) 1) FIRMA CARL FREUDENBERG Hoehinerweg 2-4, D-69469 Weinheim, Federal Republic of Germany Please check the appropriate assignee category or categories (will not be printed on the patent). Individual ©corporation or other private group entity per position of the fee(s) are enclosed: 4b. Payment of Fee(s): B Issue Fee Advance Order - # of Copies 10 Advance Order - # of Copie	C:1501		10000 03330074			15101	Marton	No M. Potrone	(Signature	
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Authorized Signature: Date: Dygu-1 8, 2 005 Typed or printed name: Richard M. Rosati Registration No.: 31,7922 31, 792	The Direc	ctor of the USPTO is reque	ested to apply the Issue Fee and Pub	lication Fee (if any) or to re	e-apply any previously p	aid issue fee to the ap	plication ident	ified above.	
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